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APPLICANTS

JOHN R. MCDONALD, ALBERTA, CANADA;  
 PHILIP J. COGGINS, ALBERTA, CANADA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of PCT/CA99/00659 07/21/1999  
 and claims benefit of 60/155,186 07/22/1998 ABN  
*BL 4.21.06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none AL 4.21.06*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Carroll</i> Examiner's Signature Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 6
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ADDRESS  
 20985  
 FISH & RICHARDSON, PC  
 P.O. BOX 1022  
 MINNEAPOLIS , MN  
 55440-1022

TITLE  
 METHODS AND COMPOSITIONS FOR TREATING SECONDARY TISSUE DAMAGE AND OTHER  
 INFLAMMATORY CONDITIONS AND DISORDERS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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